

**Request for Disbursement Form**  
Local Government Projects  
Governor's Office for Local Development

Funding Program/HB#: \_\_\_\_\_

Project ID #: \_\_\_\_\_

Check one of the following:

☐ Local Government Economic Development Fund (LGEDF) Coal Severance Grant

☐ Line-item Project    ☐ Renaissance    ☐ Cemetery    ☐ Body Armor

☐ Other

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**Project Information**

Project Name: \_\_\_\_\_

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**Grantee Information**

Legal Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Official's Name/Title: \_\_\_\_\_ County \_\_\_\_\_

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**Request Information**

Date of Request: \_\_\_\_\_ Request Number: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Federal Tax Number: \_\_\_\_\_

A. Status of Funding:

1. Original Total Award Amount: \$ \_\_\_\_\_

2. Funding Disbursements to Date: \$ \_\_\_\_\_

3. Amount of Grant Being Requested: \$ \_\_\_\_\_

4. New Account Balance: \$ \_\_\_\_\_

B. Summary of Payees of Amount Requested:

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_  
4. \_\_\_\_\_ \$ \_\_\_\_\_  
5. \_\_\_\_\_ \$ \_\_\_\_\_  
6. \_\_\_\_\_ \$ \_\_\_\_\_

Total Amount of Funding Request: \$ \_\_\_\_\_

C. Certification: \_\_\_\_\_ "Recipient"

hereby makes this request to GOLD ("GOLD") for a disbursement of funding made by GOLD to the Recipient. The Recipient hereby represents, warrants and certifies to GOLD that (i) this request is made in accordance with the terms and conditions of that certain grant agreement as represented in the executed memorandum of agreement and any subsequent amendments thereto (the "Memorandum of Agreement"), (ii) the Person executing this instrument on behalf of Recipient is duly authorized to execute and deliver this request, (iii) Recipient requires the amount requested to meet its current payment obligations in connection with the Project as described in the Memorandum of Agreement, (iv) each of the representations, warranties and covenants of Recipient in the Memorandum of Agreement is true and correct on the date hereof, including but not limited to compliance with KRS 154.50-336, (v) no Event of Default under the Memorandum of Agreement has occurred and is continuing, (vi) all work performed by any contractors and subcontractors has been completed in a good and workmanlike manner and in accordance with all applicable contracts, (vii) all work performed by any contractors and subcontractors has been inspected and approved by Recipient prior to the date hereof, and (viii) no contractors or subcontractors have filed liens or have threatened to file liens of any type with respect to the Project. Please note that item (viii) is applicable to grants only. Unless otherwise defined herein, all capitalized terms shall have the meanings ascribed thereto in the Memorandum of Agreement.

Recipient has attached to this request all supporting documentation (cost estimates, invoices and/or receipts, etc.) deemed necessary by GOLD, in its sole discretion, for the amount of the disbursement requested.

RECIPIENT ACKNOWLEDGES THAT THE REPRESENTATIONS AND WARRANTIES SET FORTH HEREIN AND IN THE MEMORANDUM OF AGREEMENT ARE MATERIAL INDUCEMENTS UPON WHICH GOLD WILL RELY IN MAKING THE DISBURSEMENT OF GRANT PROCEEDS REQUESTED HEREIN. RECIPIENT ACKNOWLEDGES THAT BUT FOR THE TRUTH OF THE REPRESENTATIONS AND WARRANTIES MADE HEREIN AND IN THE MEMORANDUM OF AGREEMENT, GOLD WOULD NOT MAKE THE DISBURSEMENT OF THE GRANT PROCEEDS REQUESTED HEREIN. RECIPIENT ACKNOWLEDGES AND AGREES THAT GOLD IS REASONABLY ENTITLED TO RELY UPON THE REPRESENTATIONS AND WARRANTIES SET FORTH HEREIN AND IN THE MEMORANDUM OF AGREEMENT.

IN WITNESS WHEREOF, Recipient, by its duly authorized representative, has executed this Request for Disbursement as of the date written above.

By: \_\_\_\_\_

Authorized Recipient Signature

FOR GOLD USE ONLY

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Award Amount: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_  
Disbursements To Date: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_  
Amount of Request: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_  
Reviewer Date: \_\_\_\_\_ Executive Director Date: \_\_\_\_\_  
New Account Balance: \$ \_\_\_\_\_ Approval Date: \_\_\_\_\_  
GOLD Finance Officer Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

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Phone: 502-573-2382 ▪ Toll Free: 800-346-5606 ▪ Fax: 502-573-0175 ▪ [www.gold.ky.gov](http://www.gold.ky.gov)

